STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	009669	A. BUILDING: _____ B. WING _____	C 11/07/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TANGLEWOOD TRACE	530 W TANGLEWOOD LN MISHAWAKA, IN 46545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This survey was for the Investigation of Complaint IN00136886. Complaint IN00136886 - Substantiated. No deficiencies related to the allegation are cited. Survey date: November 7, 2013 Facility number: 009669 Provider number: N/A AIM number: N/A Survey team: Honey Kuhn, RN Census bed type: Residential: 88 Total: 88 Census payor type: Other: 88 Total: 88 Sample: 3 Tanglewood Trace was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00136886. Quality Review 11/08/13 by Lisa McColly	R 000		